

Sexual Harm Reduction Strategies

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Today's Goals

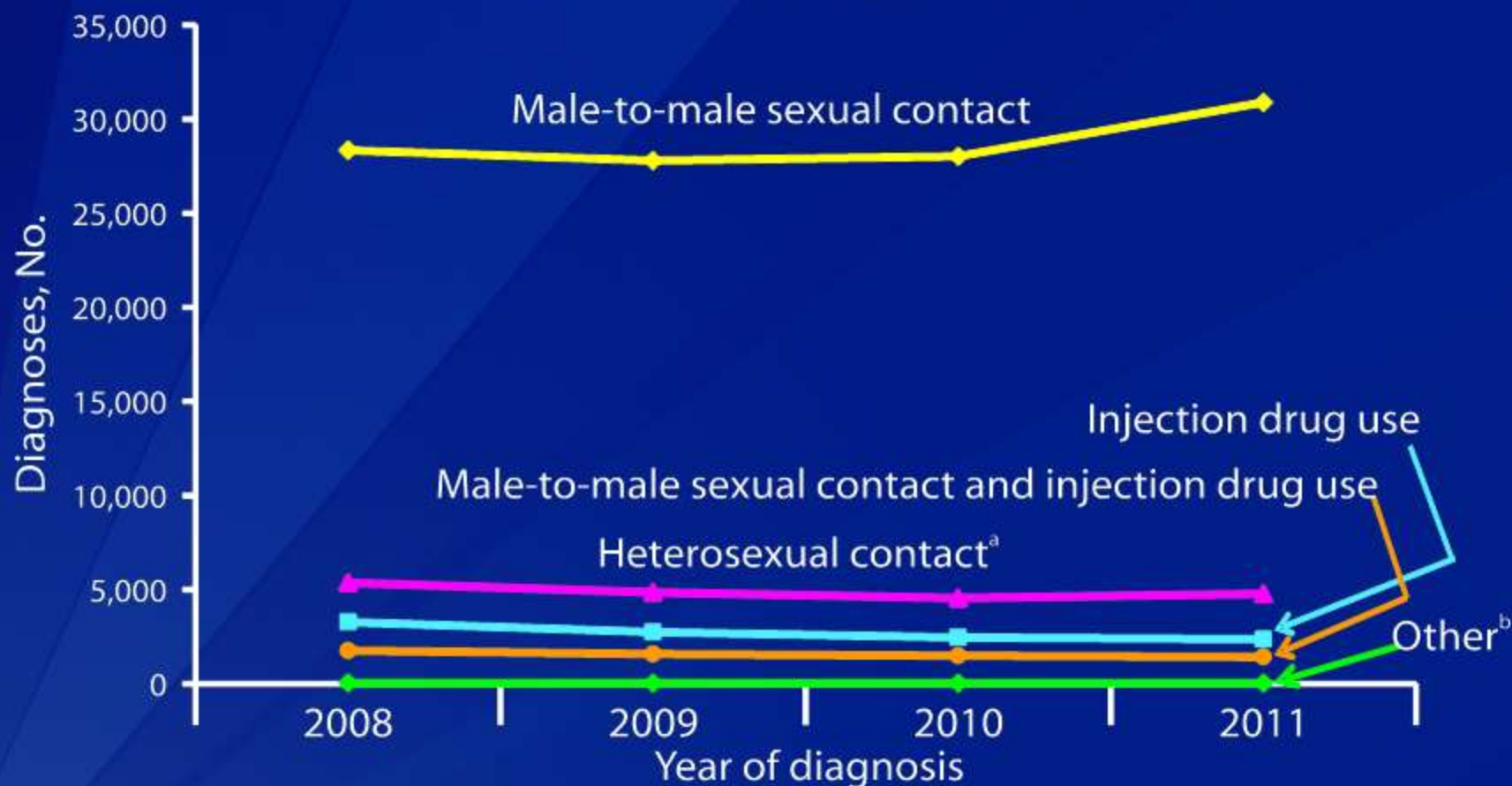
- Safe space discussion
- Understand what sexual harm reduction is
- Connect sexual harm reduction to public health practice in general
- Explore sexual harm reduction's implications on the Texas HIV Plan

Terminology & Disclaimer

- Gay and bisexual men
- Men who have sex with men
- Disclaimer

Why are we here?

Diagnoses of HIV Infection among Adult and Adolescent Males, by Transmission Category, 2008–2011 United States and 6 Dependent Areas



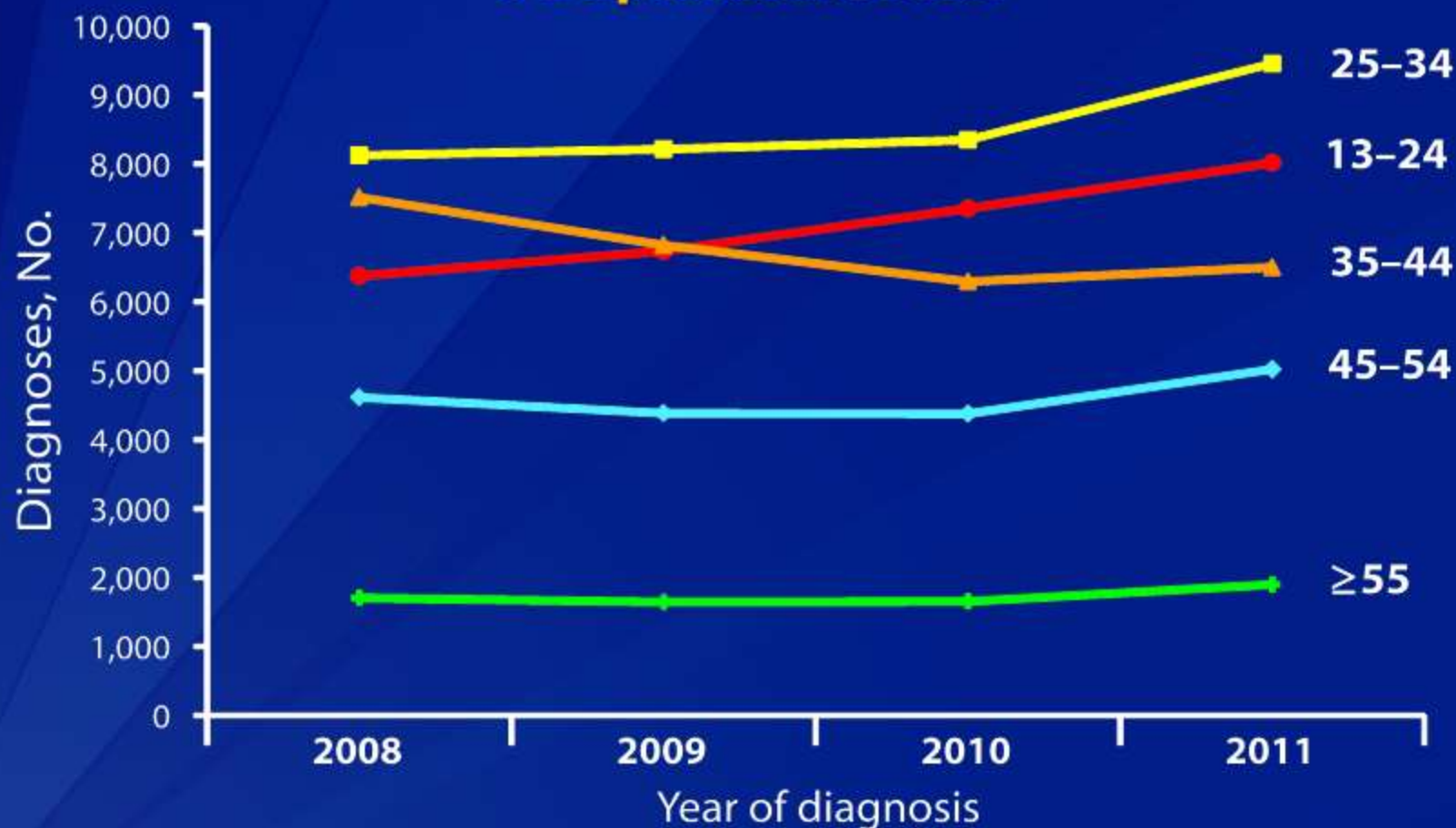
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or identified.



Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group, 2008–2011—United States and 6 Dependent Areas

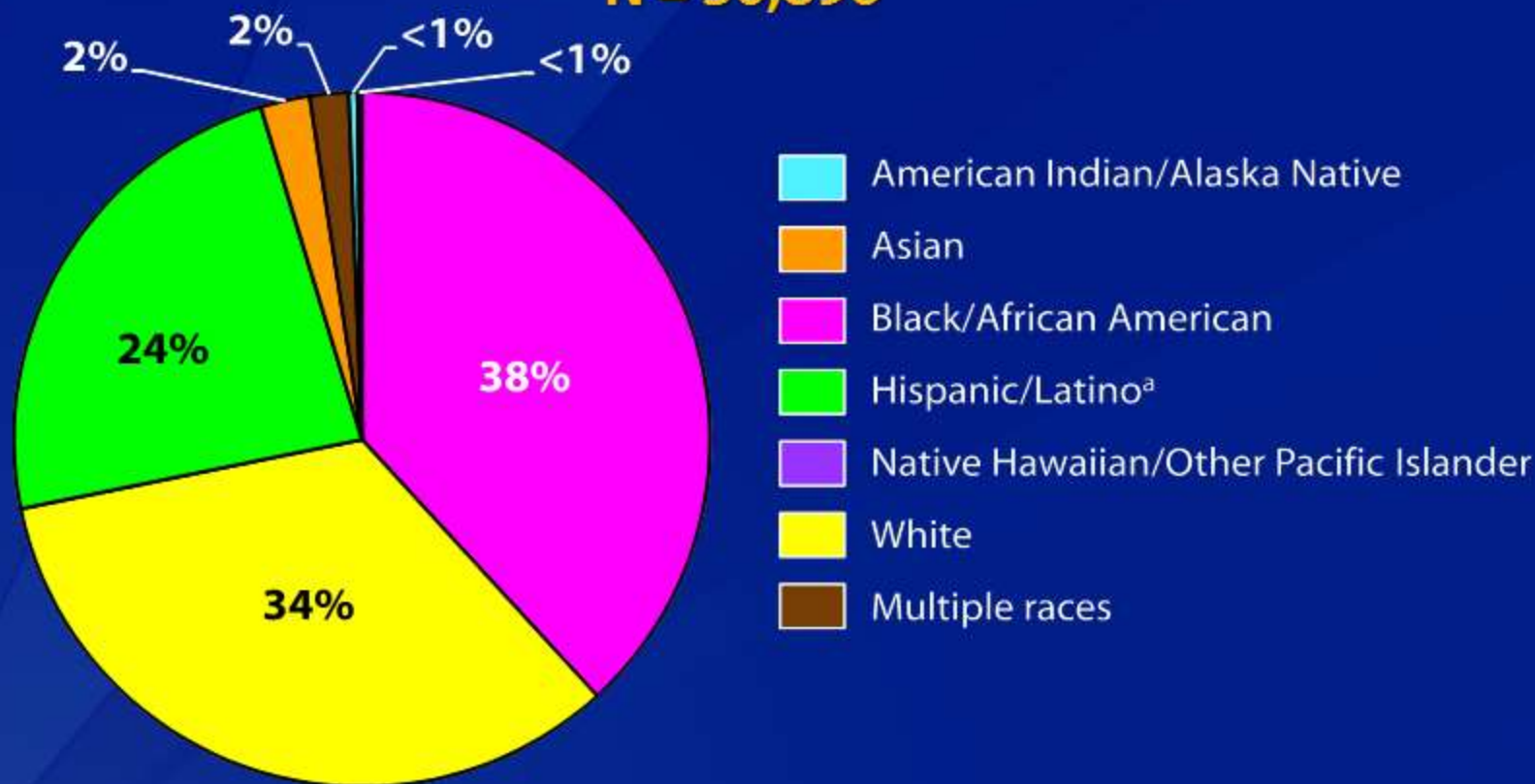


Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact and injection drug use.



Diagnoses of HIV Infection among Men Who Have Sex with Men, by Race/Ethnicity, 2011—United States and 6 Dependent Areas

N = 30,896

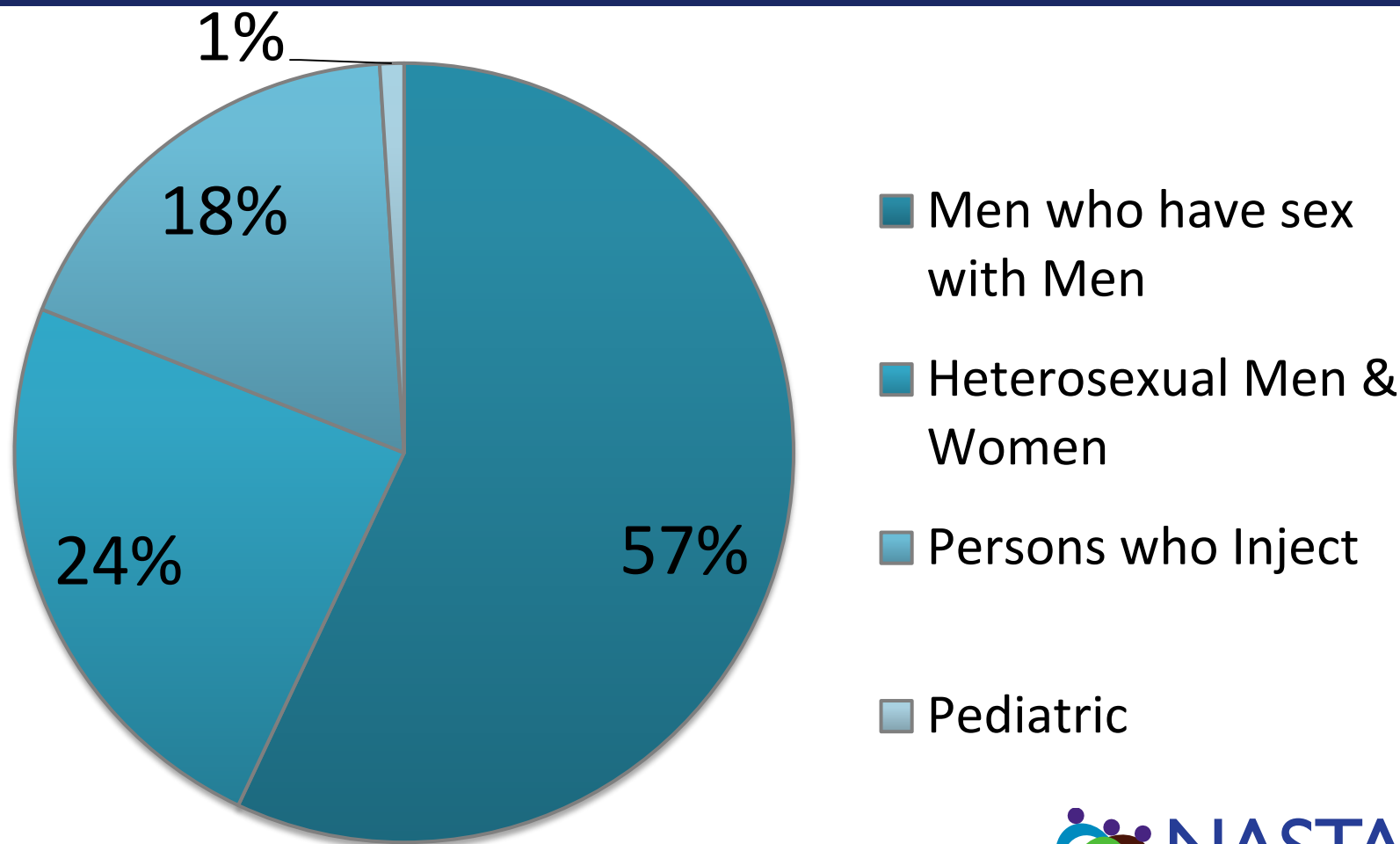


Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact and injection drug use.

^a Hispanics/Latinos can be of any race.

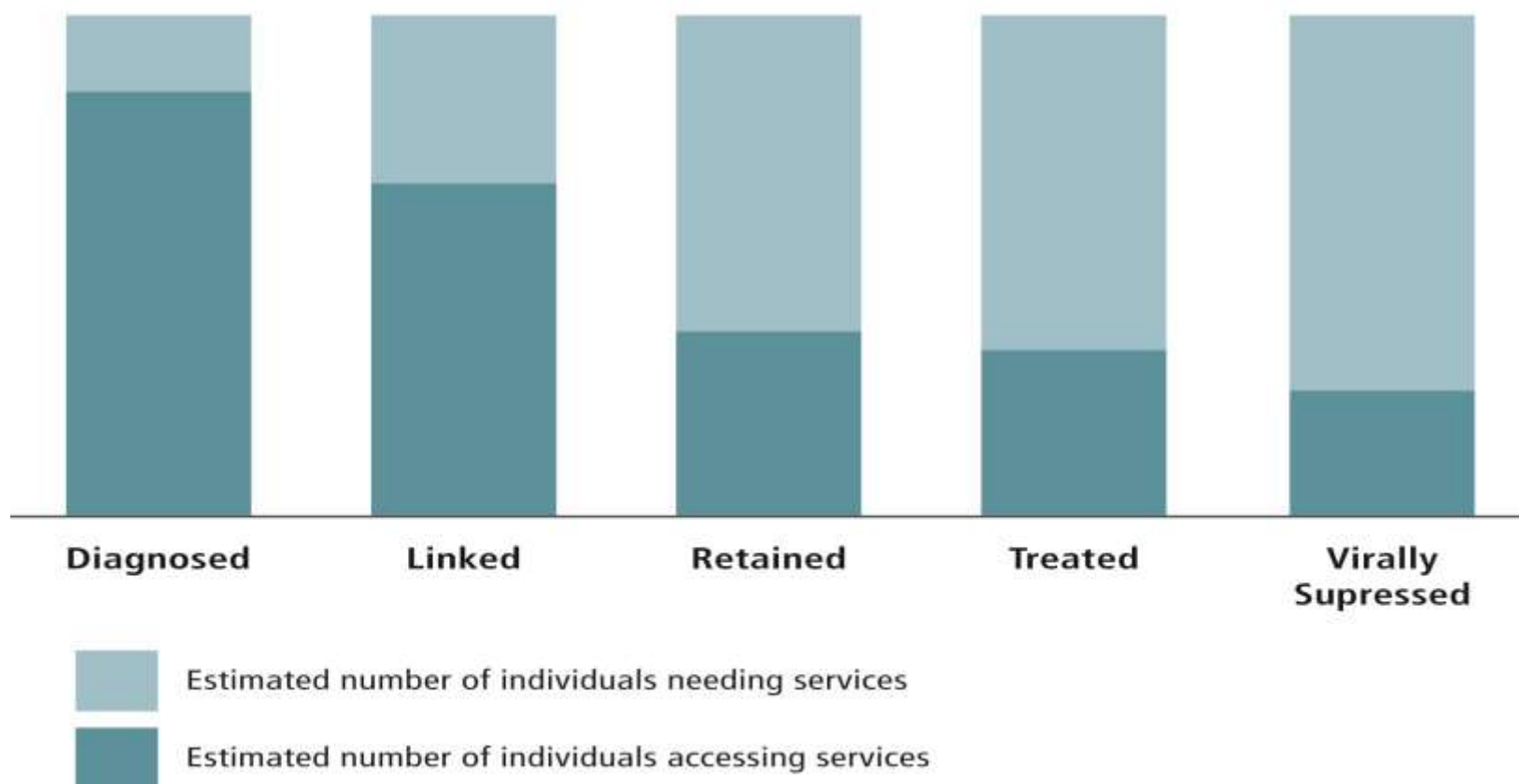


Mode of Transmission for Persons Living with HIV in Texas, 2012

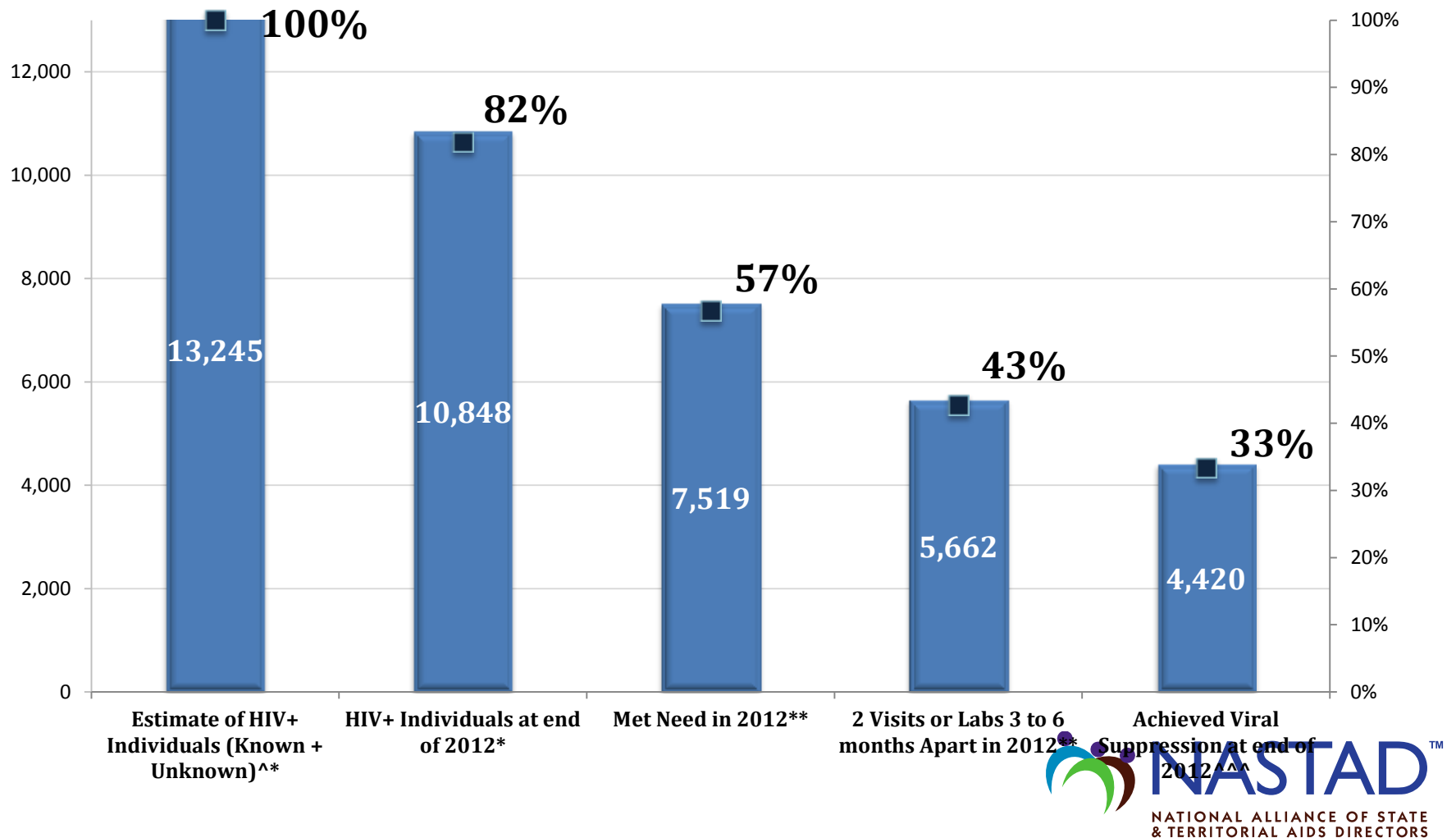


HIV Continuum of Care

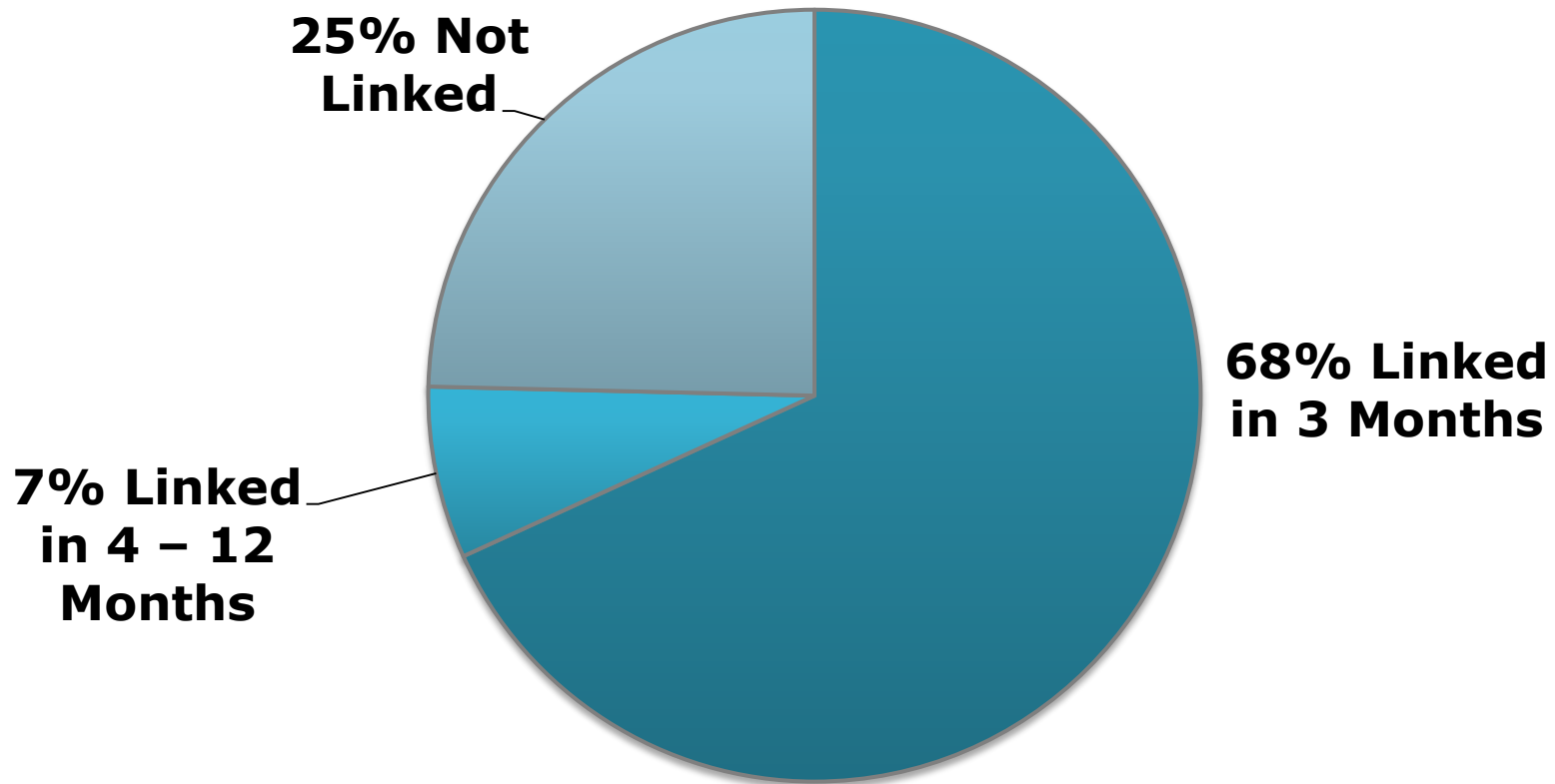
Figure 1: National HIV Care Continuum



Texas 2012 HIV Continuum for Black MSM



Linkage to Care in Black MSM, Texas 2012



Beyond HIV

STD

- Syphilis among MSM

SA/MH

- Comorbidities for MSM

Beyond Epidemiology

- Structural factors
- Biological factors
- Social factors
- Psychological factors

Momentum

- National HIV/AIDS Strategy:
 - The United States cannot reduce the number of HIV infections nationally without better addressing HIV among gay and bisexual men.

Texas HIV Plan

- Overarching goal: Reduce new HIV infections
- Method: HIV Spectrum of Engagement

Socio-Ecological Framework



Activity #1: Prevention Message

- What have been the primary prevention messages for gay, bisexual and other men who have sex with men over the course of the epidemic?

What is sexual harm reduction?

Activity #2

- What is sexual harm reduction?

Risk & Sex

Sex Act	Sexual Exposure Risk
Oral sex	Too low to quantify
Insertive anal sex	11 per 10,000
Receptive anal sex	138 per 10,000

Raising the Risk

- Acute HIV infection 7x
- Late-stage HIV infection 6x
- High blood viral load 3x
- STIs with sores 2x

Lowering the Risk

- Early initiation of ART in serodiscordant couples - 96% reduction
- PrEP – 44% reduction
- Consistent condom use- 80% reduction

Risk Reduction Strategies (RRS)

- Attempting to restrict condomless sex to people of the same HIV status:
 - Negotiated safety
 - Serosorting
- Restricting condomless sex to types of sex less likely to transmit the virus:
 - Strategic positioning
 - Withdrawal

Data: RRS

- What do we know about condomless sex?

Are RRS effective?

- Conflicting evidence
- Risk reduction strategies alone vs. Combination HIV prevention methods?

Biomedical HIV Prevention

- Suppressed Viral Loads
- PEP
- PrEP

Individual/Interpersonal HIV Prevention Methods Summary

Method	Degree of Protection	Challenge
Risk Reduction Strategies	Variable	Lacks consistency with how they are employed
Condoms	High	Inconsistent use
HIV Testing	High	Infrequent HIV testing
STD Testing	Medium	Cultural Competence
Disclosure of status	High	Stigma, legal
ART	High	Access, adherence
PEP	High	Access
PrEP	High	Access, stigma

Implementing Sexual Harm Reduction

Socio-ecological Framework



Building on Harm Reduction

1. Complex HIV Prevention Messages
2. Culturally Competent Health Care Systems

Complex HIV Prevention Messages

Make it Work

- Increase frequency HIV testing (targeted)
- Disclosure of Status
- Sexual harm risk reduction strategies must incorporate other healthcare seeking behaviors to be optimal

Culturally Competent Health Care Systems

Health Care System

- Primary Care
- Specialty Care
- Public Health

HIV and STD Care for Gay Men/MSM

- Risk reduction strategies such as serosorting may reduce HIV transmission while increasing new infections of STD
- Explore role of local health department STD clinics in care for MSM in Texas
- Role of DIS in making an MSM-culturally competent healthcare system work

SHR Policy Agenda

- National HIV Behavioral Surveillance (NHBS)
- Insurance Coverage/Public Health Clinic Infrastructure
 - Free HIV Testing
 - Free/low-cost STD testing
- Community-based providers
- Upstream:
 - Domestic partner/marriage benefits to increase access to health care
 - Comprehensive Sexuality Education

Conclusion

- Complex HIV Prevention Messages
 - Promote combination methods to meet clients where they are
 - Biomedical strategies
 - Risk reduction strategies
 - Frequent HIV and STD testing
- Culturally Competent Health Care Systems
 - Identify MSM Provider Network
 - DIS glue to tie Private, Specialty, and Public systems

Questions



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